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|---|----------------------|------------------------|---------------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) |                      | Application Number     | 10/802,013                |
|   |                      | Filing Date            | March 16, 2004            |
|   |                      | First Named Inventor   | Molino                    |
|   |                      | Group Art Unit         | 1654                      |
|   |                      | Examiner Name          | Marcela M. Cordero Garcia |
| Total Number of Pages in This Submission  | 126 + 256 references | Attorney Docket Number | 2809/1331                 |

| ENCLOSURES (check all that apply)   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply (\$ _____)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (\$1,020)<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement (\$180)<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Notice to File Missing Parts/ Incomplete Application (\$ _____)<br><input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Declaration and Power of Attorney<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition (\$ _____)<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer (\$ _____)<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures<br><input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt<br><input checked="" type="checkbox"/> Check in the amount of \$1,200<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>PTO/SB/08 Form (19 pages in duplicate)<br>256 references (i.e. Reference Cite Nos. 22-277) |
| Remarks   |   | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |
|--|--|
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| Date                                       | October 17, 2006   |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  |   |
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| <u>October 17, 2006</u><br>Date   | <u>Ruth R. Smith</u><br>Signature<br>Ruth R. Smith<br>Typed or printed name |